· · · · · · · · · · · · · · · · · · ·								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10	DE	537	069
CLAIMS AS FILED - PART I (Column 1) (C						ımn 2)		SMALL TYPE	ENTITY	OR		R THAN ENTITY
TOTAL CLAIMS						·	ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED NUMB			BER EXTRA	ı	BASIC F	EE 3 79 .0	0 OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			12 minus 20= *			7	-[X\$ 9=	:	/ OR	X\$18=	1
INDEPENDENT CLAIMS			minus 3 = *				ł	X43=	17	H _{OR}	V00	
MU	LTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		J _{OR}		1
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL	100	740 _R	TOTAL	A.
a low CLAIMS AS AMENDED - PART II								TOTAL			OTHER	THAN
£	(Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
	Total	- 18	Minus	** 2	0			X\$ 9=	1	OR	X\$18=	1
AME	Independent	*	Minus			9		_X43=		OR	X86=	
Ш	i I	NTATION OF MI	JETIPLE DEI	PENDENT	CLAIM			+145=	/_	OR	+290=	
	Thak	1					L	TOTA		= '	TOTAL	
4	10110	Column 1)		(Colum	nn 2)	(Column 3)	Ą	.DDIT. FE	t L		ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 15	Minus	**	()	= 2		X\$ 9=		OR	X\$18=	
AME	Independent	. 9	Minus	***	<u>3</u>	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	1	OR	+290=	
								TOTA DDIT. FEI		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** ,		= .		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	H	X43=		1	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									 	OR		
* #	* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.									OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								L	OR ,	TOTAL ADDIT. FEE	
		nber Previously Paid					foun	d in the a	ppropriate b	ox in colu	umn 1.	